



Division of Program Compliance – Audits Branch  
1600 9<sup>th</sup> Street, Sacramento, CA 95814  
(916) 445-1554, FAX (916) 445-1588

May 16, 2008

Beatrice W. Readel, LCSW, Director  
Tuolumne County Behavioral Health Department  
2 South Green Street  
Sonora, CA 95370

Dear Ms. Readel:

**AUDIT REPORT – KINGS VIEW COUNSELING SERVICES IN TUOLUMNE COUNTY**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Kings View Counseling Services in Tuolumne County for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

NET PROGRAM COSTS				
	<u>Settled</u>		<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 1,479,040	\$	1,472,500	\$ (6,540)
Federal Share of Health Families/Medi-Cal	\$ 93,100	\$	51,921	\$ (41,179)

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Beatrice W. Readell, LCSW, Director

May 16, 2008

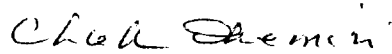
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This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,



WALTER J. HILL, JR., MBA, EA  
Chief of Audits



CHUKWUEMEKE OKEMIRI, CPA  
Supervisor, Northern Region Audits

Enclosures

Certified Mail

KINGS VIEW-TUOLUMNE  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS  
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
MEDI-CAL - FFP		\$ 1,479,040	\$ (6,540)	\$ 1,472,500
HEALTHY FAMILIES - FFP	(Sch. 2a)	93,100	(41,179)	51,921
TOTAL FFP - COUNTY PROVIDER	(Sch. 2a)	\$ 1,572,140	\$ (47,719)	\$ 1,524,421

**KINGS VIEW-TUOLUMNE  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2003**

**COUNTY OPERATED FEDERAL**

		As Settled	Audit Adjustments	As Audited
<b><u>Total Medi-Cal Gross Reimbursement</u></b>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	2,483,346	(83,791)	2,399,555
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	63,621	63,621
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	129,962	(57,234)	72,728
9. Total		<u>\$ 2,613,308</u>	<u>\$ (77,404)</u>	<u>\$ 2,535,904</u>
<b><u>Less: Patient &amp; Other Payor Revenues</u></b>				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	14,992	0	14,992
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 14,992</u>	<u>\$ 0</u>	<u>\$ 14,992</u>
<b><u>Medi-Cal Net Reimbursement for Direct Services</u></b>				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	2,468,354	(20,170)	2,448,184
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	129,962	(57,234)	72,728
25. Total		<u>\$ 2,598,316</u>	<u>\$ (77,404)</u>	<u>\$ 2,520,912</u>
<b><u>Medi-Cal MAA Reimbursement</u></b>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

KINGS VIEW-TUOLUMNE  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL		Audit		
		As Settled	Adjustments	As Audited
<b>Amount Negotiated Rates Exceed Cost</b>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		\$ 0	\$ 0	\$ 0
<b>Medi-Cal Administrative Reimbursement</b>				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 372,502	\$ (3,026)	\$ 369,476
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 229,946	\$ (4,043)	\$ 225,903
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ 229,946	\$ (4,043)	\$ 225,903
<b>Healthy Families Administrative Reimbursement</b>				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 12,996	\$ (5,723)	\$ 7,273
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 12,801	\$ (6,131)	\$ 6,670
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$ 12,801	\$ (6,131)	\$ 6,670
<b>Utilization Review Reimbursement</b>				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 103,375	\$ (2,518)	\$ 100,857
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ 37,725	\$ (919)	\$ 36,806
<b>Net SD/MC Reimbursement - FFP</b>				
45. Direct Services	(MH1979, Ln 16,16A)	\$ 1,267,674	\$ (43,222)	\$ 1,224,452
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	41,486	41,486
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	114,973	(2,022)	112,952
50. U.R. Skilled Professional	(MH1979, Ln 14)	77,531	(1,888)	75,643
51. U.R. Other	(MH1979, Ln 15)	18,862	(459)	18,403
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		\$ 1,479,040	\$ (6,105)	\$ 1,472,935
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj # )		435	435
56. Total SD/MC Reimbursement - FFP		\$ 1,479,040	\$ (6,540)	\$ 1,472,500
<b>Net Healthy Families Reimbursement - FFP</b>				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 84,748	\$ (37,179)	\$ 47,569
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	8,353	(4,001)	4,352
60. Total Healthy Families Reimbursement - FFP		\$ 93,100	\$ (41,180)	\$ 51,921
61. Total - FFP (Ln 56 + Ln 60)		\$ 1,572,140	\$ (47,720)	\$ 1,524,421
				(To Sch. 1)

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
KINGS VIEW-TUOLUMNE				00233	36	06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Audited
Adj. No.	Form/Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>			
1	MH 1960	1	C	MENTAL HEALTH EXPENDITURES	\$ 4,873,302	\$ 14,432	\$ 4,887,734
				To adjust allocation of allowable Corporate Cost based on the cost of each individual program per CMS requirements. CMS 15-1, Section 2300. 42 CFR 413			
2	MH1960	8	C	ALLOWABLE COST FOR ALLOCATION	\$ 4,487,033	\$ 14,432	\$ 4,501,465
				To reflect adjustment No. 1.			
3	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 229,946	\$ (229,946)	\$ 0 *
4	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	12,801	(12,801)	0 *
5	MH 1960	11	C	NON SD/MC ADMINISTRATION	104,044	(104,044)	0 *
Info.	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	\$ <u>346,791</u>		\$ <u>346,791</u> *
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to administrative costs.			
6	MH1960	12	C	TOTAL ADMINISTRATIVE COST	** \$ 346,791	\$ 14,432 ®	\$ 361,223 *
				To reflect adjustment No. 1.			
7	MH 1960	9	C	SD/MC ADMINISTRATION	** \$ 0	\$ 225,903	\$ 225,903
8	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** 0	6,670	6,670
9	MH 1960	11	C	NON SD/MC ADMINISTRATION	** 0	128,650	128,650
Info.	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ <u>361,223</u>		\$ <u>361,223</u>
				To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on gross cost method.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
KINGS VIEW-TUOLUMNE				00233	36	06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Audited
Adj. No.	Form/ Sch.	Line	Col.				
10	MH1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)	\$ 103,375	\$ (2,518)	\$ 100,857
11	MH1960	14	C	OTHER SD/MC UTILIZATION REVIEW	37,725	(919)	36,806
12	MH1960	15	C	NON-SD/MC UTILIZATION REVIEW	60,477	3,436	63,913
Info.	MH1960	16	C	TOTAL UTILIZATION REVIEW COSTS	\$ 201,576		\$ 201,576
				To allocate Total Utilization Review Costs between SPMP, Other SD/MC Utilization Review, and Non-SD/MC Utilization Review based on gross cost method.			
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
Info.	MH 1964	3	1	OTHER 24 HOUR SERVICES (MODE 05 - All OTHER SFC)	\$ 132,555	\$ 0	\$ 132,555
13	MH 1964	4	1	DAY SERVICES (MODE 10)	235,766	(19,472)	216,294
14	MH 1964	5	1	OUTPATIENT SERVICES (MODE 15 Program 1 + Program2)	3,458,270	19,472	3,477,742
Info.	MH 1964	6	1	OUTREACH SERVICE (MODE 45)	112,075	0	112,075
Info.	MH 1964	8	1	SUPPORT SERVICES (MODE 60)	0	0	0
Info.	MH 1964	9	1	TOTAL	\$ 3,938,666	\$ 0	\$ 3,938,666
				To distribute audited Direct Services cost to Other 24 Hour Services, Day Services and Outpatient Services.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider KINGS VIEW-TUOLUMNE				Provider Number 00233	No. of Adj. 36	Fiscal Period Ended 06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Audited
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u></b>			
15	MH 1901B	TOTAL	E	MEDI-CAL UNITS - 07/01/02 to 09/30/02	290,848	16,290	307,138 *
16	MH 1901B	TOTAL	F	MEDI-CAL UNITS - 10/01/02 to 06/30/03	699,531	(61,982)	637,549 *
17	MH 1901B	TOTAL	H	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	2,970	14,728	17,698 *
18	MH 1901B	TOTAL	I	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	6,130	25,424	31,554 *
19	MH 1901B	TOTAL	M	ENHANCED - CHILDREN - 07/01/02 to 09/30/02	0	6,774	6,774 *
20	MH 1901B	TOTAL	N	ENHANCED - CHILDREN - 10/01/02 to 06/30/03	0	20,524	20,524 *
Info	MH 1901B	TOTAL	Q	ENHANCED - REFUGEES	0	-	0 *
21	MH 1901B	TOTAL	R	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	12,515	960	13,475 *
22	MH 1901B	TOTAL	S	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	44,761	(26,581)	18,180 *
Info				TOTAL	<u>1,056,755</u>	<u>(3,863)</u>	<u>1,052,892</u>
				<p>To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated October 31, 2007. Above adjustments include Phase II. Copies of work papers detailing adjustments by service functions have been provided to the provider. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.</p> <p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>			



AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
KINGS VIEW-TUOLUMNE				00233	36	06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Audited
Adj. No.	Form/ Sch.	Line	Col.				
23	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 307,138	(23,064)	284,074 *
24	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 637,549	41,458	679,007 *
25	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 17,698	(14,728)	2,970 *
26	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 31,554	(25,424)	6,130 *
Info	MH 1966A	10	Total	ENHANCED - CHILDREN - 07/01/02 to 09/30/02	** 6,774	-	6,774 *
Info	MH 1966A	10A	Total	ENHANCED - CHILDREN - 10/01/02 to 06/30/03	** 20,524	-	20,524 *
Info	MH 1966A	10B	Total	ENHANCED - REFUGEES	** 0	-	0 *
27	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 13,475	(960)	12,515 *
28	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	** 18,180	26,581	44,761 *
Info				TOTAL	<u>1,052,892</u>	<u>3,863</u>	<u>1,056,755</u>
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Above adjustments include Phase II. Copies of work papers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
29	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 284,074	10,975	295,049
30	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 679,007	(20,770)	658,237
31	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 2,970	795	3,765
32	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 6,130	2,570	8,700
info	MH 1966A	10	Total	ENHANCED - CHILDREN - 07/01/02 to 09/30/02	** 6,774	-	6,774
info	MH 1966A	10A	Total	ENHANCED - CHILDREN - 10/01/02 to 06/30/03	** 20,524	-	20,524
33	MH 1966A	10B	Total	ENHANCED - REFUGEES	** 0	-	0
34	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02	** 12,515	960	13,475
info	MH 1966A	11A	Total	HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03	** 44,761	(26,581)	18,180
				TOTAL	<u>1,056,755</u>	<u>(32,051)</u>	<u>1,024,704</u>
				To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of work papers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
KINGS VIEW-TUOLUMNE				00233	36	06/30/03	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Audited
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u></b>			
35	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDER	\$ 1,479,040	(6,105)	\$ 1,472,935 *
36	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDER	93,100	(41,179)	51,921 *
				TOTAL REIMBURSEMENT - CONTRACT PROVIDER	<u>1,572,140</u>	<u>(47,284)</u>	<u>1,524,856</u>
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
35	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDER	** \$ 1,472,935	(435)	\$ 1,472,500
36	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDER	51,921	0	51,921
				TOTAL REIMBURSEMENT - CONTRACT PROVIDER	<u>1,524,856</u>	<u>(435)</u>	<u>1,524,421</u>
				To incorporate the Quality Assurance Review results (report dated October 13, 2004).			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: TUOLUMNE

County Code: 55

Legal Entity: KINGS VIEW-TUOLUMNE		A	B	C
Legal Entity Number: 00233		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	2,794,352	2,093,382	4,887,734
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(386,269)	(386,269)
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	2,794,352	1,707,113	4,501,465
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			4,501,465
	Administrative Costs (County Only)			
9	SD/MC Administration			225,903
10	Healthy Families Administration			6,670
11	Non-SD/MC Administration			128,650
12	Total Administrative Costs			361,223
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			100,857
14	Other SD/MC Utilization Review			36,806
15	Non-SD/MC Utilization Review			63,913
16	Total Utilization Review Costs			201,576
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			3,938,666
19	Total Costs - Lines 9 through 18			4,501,465

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
ALLOCATION OF COSTS TO MODES OF SERVICE  
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH  
Fiscal Year 2002-2003

County: TUOLUMNE  
County Code: 55

Legal Entity: KINGS VIEW-TUOLUMNE		A
Legal Entity Number: 00233		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	3,938,666
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	132,555
4	Day Services (Mode 10)	216,294
5	Outpatient Services (Mode 15 Program 1 + Program 2)	3,477,742
6	Outreach Services (Mode 45)	112,075
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	3,938,666

County: TUOLUMNE County Code: 55			CR		CR		CR		CR	
Legal Entity: KINGS VIEW-TUOLUMNE			A	B	C	D	E	F	G	
Legal Entity Number: 00233			Mode Total	Service	Service	Service	Service	Service	Service	
Mode: 05 - Other 24 Hour Services (All Other SFC)				Function	Function	Function	Function	Function	Function	
			60	63	61	62	36			
1	Allocation Percentage		100.00%	6.66%	71.04%	12.97%	9.00%	0.34%		
2	Total Units			1,123	1,440	143	259	18		
3	Gross Cost		132,555	8,828	94,161	17,192	11,924	450		
4	Cost per Unit			7.86	65.39	120.22	46.04	25.00		
5	SMA per Unit									
6	Published Charge per Unit									
7	Negotiated Rate / Cost per Unit									
8	Medi-Cal Units		07/01/02 - 09/30/02							
8A			10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units		07/01/02 - 09/30/02							
9A			10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units		07/01/02 - 09/30/02							
10A			10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03							
11	Healthy Families (SED) Units		07/01/02 - 09/30/02							
11A			10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			1,123	1,440	143	259	18		
13	Medi-Cal Costs		07/01/02 - 09/30/02							
13A			10/01/02 - 06/30/03							
14	Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02							
14A			10/01/02 - 06/30/03							
15	Medi-Cal Published Charges		07/01/02 - 09/30/02							
15A			10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates		07/01/02 - 09/30/02							
16A			10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02							
17A			10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02							
18A			10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02							
19A			10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02							
20A			10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs		07/01/02 - 09/30/02							
21A			10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits		07/01/02 - 09/30/02							
22A			10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges		07/01/02 - 09/30/02							
23A			10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates		07/01/02 - 09/30/02							
24A			10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03							
29	Healthy Families Costs		07/01/02 - 09/30/02							
29A			10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits		07/01/02 - 09/30/02							
30A			10/01/02 - 06/30/03							
31	Healthy Families Published Charges		07/01/02 - 09/30/02							
31A			10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates		07/01/02 - 09/30/02							
32A			10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		132,555	8,828	94,161	17,192	11,924	450		

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: TUOLUMNE  
County Code: 55

CR

Legal Entity: KINGS VIEW-TUOLUMNE			A	B	C	D	E	F	G
Legal Entity Number: 00233			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services				95					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			2,342					
3	Gross Cost		216,294	216,294					
4	Cost per Unit			92.35					
5	SMA per Unit			115.14					
6	Published Charge per Unit			95.31					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		1,025					
8A		10/01/02 - 06/30/03		705					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03		20					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		8					
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			584					
13	Medi-Cal Costs	07/01/02 - 09/30/02	94,663	94,663					
13A		10/01/02 - 06/30/03	65,110	65,110					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	118,019	118,019					
14A		10/01/02 - 06/30/03	81,174	81,174					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	97,693	97,693					
15A		10/01/02 - 06/30/03	67,194	67,194					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03	1,847	1,847					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03	2,303	2,303					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03	1,906	1,906					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02	739	739					
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	921	921					
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02	762	762					
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		53,935	53,935					

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

## DETAIL COST REPORT

## DEPARTMENT OF MENTAL HEALTH

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Fiscal Year 2002-2003

## DETAIL COST REPORT

County: TUOLUMNE County Code: 55		CR CR CR CR CR CR CR CR CR CR CR CR										
Legal Entity: KINGS VIEW-TUOLUMNE		A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00233		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)			01	40	58	60	70					
1	Allocation Percentage	100.00%	3.43%	58.05%	4.92%	31.04%	4.56%					
2	Total Units		71,463	991,409	86,980	287,880	52,903					
3	Gross Cost	3,428,330	117,720	1,921,446	188,585	1,064,249	158,350					
4	Cost per Unit		1.65	1.94	1.94	3.67	2.98					
5	SMA per Unit		1.77	2.28	2.28	4.23	3.41					
6	Published Charge per Unit		1.70	2.00	2.00	4.10	3.05					
7	Negotiated Rate / Cost per Unit											
8	Medi-Cal Units	07/01/02 - 09/30/02	12,968	198,498	25,125	40,285	9,440					
8A		10/01/02 - 06/30/03	38,570	409,914	34,580	131,050	22,548					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02				3,785						
9A		10/01/02 - 06/30/03				8,700						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		6,589		185						
10A		10/01/02 - 06/30/03	255	15,764		3,975	510					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03										
11	Healthy Families (SED) Units	07/01/02 - 09/30/02		9,087	2,565	1,430	405					
11A		10/01/02 - 06/30/03		13,630	690	3,350	510					
12	Non-Medi-Cal Units		19,872	340,007	24,040	75,180	19,490					
13	Medi-Cal Costs	07/01/02 - 09/30/02	838,728	21,359	390,809	48,892	159,987	27,898				
13A		10/01/02 - 06/30/03	1,512,198	63,536	794,405	66,677	520,643	66,838				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	730,762	22,950	448,015	57,285	170,321	32,190				
14A		10/01/02 - 06/30/03	1,712,900	68,269	934,604	78,797	554,342	76,888				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	859,167	22,042	392,998	50,250	165,087	28,792				
15A		10/01/02 - 06/30/03	1,560,593	65,569	819,828	69,120	537,305	68,771				
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02										
16A		10/01/02 - 06/30/03										
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	14,958				14,958					
17A		10/01/02 - 06/30/03	34,584				34,584					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	15,928				15,928					
18A		10/01/02 - 06/30/03	36,801				36,801					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	15,437				15,437					
19A		10/01/02 - 06/30/03	35,670				35,670					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02										
20A		10/01/02 - 06/30/03										
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	13,504		12,769		735					
21A		10/01/02 - 06/30/03	48,270	420	30,550		15,792	1,507				
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	15,805		15,023		783					
22A		10/01/02 - 06/30/03	54,947	451	35,942		16,814	1,739				
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	13,937		13,178		759					
23A		10/01/02 - 06/30/03	49,815	434	31,528		16,298	1,556				
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02										
24A		10/01/02 - 06/30/03										
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03										
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03										
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03										
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03										
29	Healthy Families Costs	07/01/02 - 09/30/02	29,421		17,572	4,871	5,881	1,197				
29A		10/01/02 - 06/30/03	42,568		26,415	1,337	13,309	1,507				
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	33,951		20,673	5,848	6,049	1,381				
30A		10/01/02 - 06/30/03	48,559		31,078	1,573	14,171	1,739				
31	Healthy Families Published Charges	07/01/02 - 09/30/02	30,362		18,134	5,130	5,863	1,235				
31A		10/01/02 - 06/30/03	43,931		27,260	1,380	13,735	1,556				
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02										
32A		10/01/02 - 06/30/03										
33	Non-Medi-Cal Costs		1,094,122	32,405	658,926	46,589	298,600	57,601				

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

## DETAIL COST REPORT

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Fiscal Year 2002-2003County: TUOLUMNE  
County Code: 55

MHS

MHS

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Legal Entity: KINGS VIEW-TUOLUMNE			A	B	C	D	E	F	G
Legal Entity Number: 00233			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				49	69	49			
1	Allocation Percentage		100.00%	1.73%	95.81%	2.46%			
2	Total Units			1,050	36,705	2,100			
3	Gross Cost		49,412	857	47,341	1,214			
4	Cost per Unit			0.82	1.29	0.58			
5	SMA per Unit			2.28	4.23	2.28			
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02			9,730				
8A		10/01/02 - 06/30/03			20,670	220			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			1,050	6,305	1,880			
13	Medi-Cal Costs	07/01/02 - 09/30/02	12,549		12,549				
13A		10/01/02 - 06/30/03	26,787		26,660	127			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	41,158		41,158				
14A		10/01/02 - 06/30/03	87,936		87,434	502			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		10,076	857	8,132	1,087			



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966A (10/04)

DETAIL COST REPORT

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Fiscal Year 2002-2003

County: TUOLUMNE  
County Code: 55

CR

Legal Entity: KINGS VIEW-TUOLUMNE		A	B	C	D	E	F	G
Legal Entity Number: 00233		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			20					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		2,288					
3	Gross Cost	112,075	112,075					
4	Cost per Unit		48.98					
5	Non-Medi-Cal Units		2,288					
6	Non-Medi-Cal Costs	112,075	112,075					

## Fiscal Year 2002-2003

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		S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	MAA	Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Exclude Program (2)	Mode 15 Program (2)	(Col. 1 + Col. 3)
1	Medi-Cal Costs	07/01/02 - 09/30/02						94,663	638,726	733,389	12,549	745,938
1A		10/01/02 - 06/30/03						65,110	1,512,198	1,577,308	26,787	1,604,095
2	Medi-Cal SMA	07/01/02 - 09/30/02						118,019	730,762	848,780	41,158	889,938
2A		10/01/02 - 06/30/03						81,174	1,712,900	1,794,074	87,936	1,882,009
3	Medi-Cal P. C.	07/01/02 - 09/30/02						97,693	659,167	756,859		756,859
3A		10/01/02 - 06/30/03						67,194	1,560,593	1,627,787		1,627,787
4	Medi-Cal N. R.	07/01/02 - 09/30/02										
4A		10/01/02 - 06/30/03										
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02						94,663	638,726	733,389	12,549	745,938
5A		10/01/02 - 06/30/03						65,110	1,512,198	1,577,308	26,787	1,604,095
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02							14,958	14,958		14,958
6A		10/01/02 - 06/30/03							34,564	34,564		34,564
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02							15,926	15,926		15,926
7A		10/01/02 - 06/30/03							36,801	36,801		36,801
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02							15,437	15,437		15,437
8A		10/01/02 - 06/30/03							35,670	35,670		35,670
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02										
9A		10/01/02 - 06/30/03										
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02							14,958	14,958		14,958
10A		10/01/02 - 06/30/03							34,564	34,564		34,564
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02						94,663	653,683	748,347	12,549	760,896
11A		10/01/02 - 06/30/03						65,110	1,546,762	1,611,872	26,787	1,638,659
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02							13,504	13,504		13,504
12A		10/01/02 - 06/30/03						1,847	48,270	50,117		50,117
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02							15,805	15,805		15,805
13A		10/01/02 - 06/30/03						2,303	54,947	57,249		57,249
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02							13,937	13,937		13,937
14A		10/01/02 - 06/30/03						1,906	49,815	51,721		51,721
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02										
15A		10/01/02 - 06/30/03										
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02							13,504	13,504		13,504
16A		10/01/02 - 06/30/03						1,847	48,270	50,117		50,117

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT  
MH 1979 (10/04)

Fiscal Year 2002-2003

County: TUOLUMNE County Code: 55						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8				
Legal Entity: KINGS VIEW-TUOLUMNE		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00233		Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	51.33% FFP	Variable % FFP	75% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)										
1	County SD/MC Direct Service Gross Reimbursement			2,463,176	2,463,176						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement				2,463,176						
4	Medi-Cal Administrative Reimbursement Limit				369,476						
5	Medi-Cal Administration				225,903						
6	Medi-Cal Administrative Reimbursement				225,903	112,952					112,952
	Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement			72,728	72,728						
8	Healthy Families Administrative Reimbursement Limit				7,273						
9	Healthy Families Administration				6,670						
10	Healthy Families Administrative Reimbursement				6,670				4,352		4,352
	SD/MC Net Reimbursement for MAA										
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				100,857					75,643	75,643
15	Other SD/MC Utilization Review (County Only)				36,806	18,403					18,403
16	SD/MC Net Reimbursement for Direct Services	07/01/02 - 09/30/02	755,251	755,251			388,199				388,199
16A		10/01/02 - 06/30/03	1,629,312	1,629,312				836,253			836,253
17	Enhanced SD/MC Net Reimb. (Children)	07/01/02 - 09/30/02	13,504	13,504					8,910		8,910
17A		10/01/02 - 06/30/03	50,117	50,117					32,576		32,576
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										1,472,935
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										1,472,935
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										1,472,935
24	Healthy Families Net Reimbursement	07/01/02 - 09/30/02	30,160	30,160					19,899		19,899
24A		10/01/02 - 06/30/03	42,568	42,568					27,669		27,669
25	Total Healthy Families Reimbursement Before Excess FFP										51,921
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										51,921